

## **Retail Food Establishment Inspection Report**

Floyd County Health Department Telephone:812-948-4726

X6000

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Vetablichn	nent Name		A	1 m 1 v 37 11	Ten i ex		<del></del>	
	ient Name		4	Telephone Number	Date of Inspe (mm/dd/yr)	i/yr)		
			Imber and street, city, state, zip code)	┥	9/3/2	:019	19 -375	
4510 C	harlesto.	- i	Rd (Suite 300) New Alberry, IN 47157	502 439 2176	177			
Owner			Agent Littlemall I. Allah	Purpose:	Follow-up	Follow-up Release Date		
Show Tingle Owner's Address				1. Routine	NO TODAY			
				Follow-up	Summary of Violations:			
7003	Cal K	)  -	Dr. Charleston, IN 47111	3. Complaint	punnary or	V IOIALIOI	18;	
I Person in t	Charge Lof			4. Pre-Operational	c/	/ NC / R 🚫		
Responsibl	ie Person's	E-ma	il	5. Temporary	Menu Type (See back of page)			
Share	.tingle	e,	Jahn. com	6. HACCP	· ·			
Certified F	ood Mana	ger		7. Other (list)	1 <u>X</u> 2_	3	4 5	
N/A	- Mero	THE	×				_ '	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"								
		_	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SI	UMMARY OF VIOLATIONS" A	ND IN THE NAF	<b>RATIVE</b>	BELOW AS "R"	
Section#	C/NC	R	Narrative		To Be Corrected By			
443	С	<u> </u>	Measured soutier in parameth to	L 200 + PPN	n Corructed			
274	13 C Messured sanificat in maranish to be 200 + ppm  14 Me Observed no constitut (blanch/charine) mailable					1 week		
		<u> </u>						
	<del>  .</del>	-					<u> </u>	
	ļ <u>.</u>	$oxed{oxed}$	All gravious violations had been	corrected.			·	
			All previous violations had been FCHD reviewed fraining provided	to employees.		_		
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HM91041 Coffman				A.). Ingram (EHS)				
Received by (signature):				Inspected by (signature):				
HO Kyant GIPmen				<u>aj</u>				
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